MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11931

11932 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 159 South Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Kay (Last) Ambrose

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-15-1954

9. AGE last birthday yrs. 1
IF UNDER 1 YEAR: Months 1 Days 17
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Russell Ambrose

14. MOTHER'S MAIDEN NAME: Jessie Kepler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Russell Ambrose, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, Acute Fibroid
DUE TO

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Laryngeal Paralysis
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 2 hrs. (B) mo. 1 da. 17

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hydrocephalic Idiocy. mo. 1 da. 17

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 1954, to 12/2, 1954 that I last saw the deceased alive on 12/1, 1954, and that death occurred at 5 A. M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12-4-1954
NAME OF CEMETERY OR CREMATORY: Lutheran Cem.
LOCATION (City, town, or county) (State): Boonsboro, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 4 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

2004221404

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11932

11963 CERTIFICATE OF DEATH Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro X
LENGTH OF STAY (in this place) Since 6/14/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home 40

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 10-11-2
STREET ADDRESS (If rural give location) 201 Magnolia Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) JACOB (Last) ANGLEBERGER

4. DATE OF DEATH: (Month) December (Day) 2, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 20 Sept 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Angleberger

14. MOTHER'S MAIDEN NAME: Sarah Heffner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 201 Magnolia Ave., Austin F. Angleberger, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: D

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1954, to Dec 1, 1954 that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE G. W. Leland M. D. ADDRESS Boonsboro, Maryland DATE SIGNED 4 Dec 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5 Dec 1954 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 4, 1954 | REGISTRAR'S SIGNATURE John N. Bart

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11933

11933 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 Charles Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, 03
STREET ADDRESS (If rural give location) 37 Charles Street

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) WRIGHT (Last) ARTHUR

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov. 16, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Rosetta H. Arthur

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — Indefinite
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonitis Recovered November 19-25, 1954

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1954, to Dec. 9, 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 3:50 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 148 W. Washington St. Hagerstown, Md. DATE SIGNED 12/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-11-54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR DEC 10 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

RECEIVED
DEC 13 1954
BUREAU V. S.

DR Brewer 11934

Item 2, Film C175 1-11-55 et

Dr. Brewer 11961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 Maryland Hotel
STREET ADDRESS 106 W. (If rural give location) Wash. St.
Gateway Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) ELIZABETH (Last) BACHTELL

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced | 8. DATE OF BIRTH: April 25, 1879 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Big Springs, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Martin

14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Evelyn Altimeier

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 K

IMMEDIATE CAUSE (A) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple Sclerosis — 5 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1953, to Dec. 31, 1954, that I last saw the deceased alive on Dec. 30, 1954, and that death occurred at 4.55 P.M., from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 1/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-3-55 | NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery | LOCATION (City, town, or county) (State) nr. Clearspring, Md.

DATE REC'D BY LOCAL REGISTRAR 1-2-1955 | REGISTRAR'S SIGNATURE Troy M. Tackett

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JAN 6 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11935

11934 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 1140 Potomac Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ralph (Last) Bender

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 19 54

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: July 16, 1887 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR Months 5 Days 13 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Med. Doctor | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland | 12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Byron B. Bender | 14. MOTHER'S MAIDEN NAME: Emma K. Carlock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Mrs. Susane Bender Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2-3 years.

ANTECEDENT CAUSE (B) DUE TO Chronic bronchitis, pulmonary emphysema — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

420.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1954 to Dec 29, 1954 that I last saw the deceased alive on Dec 29, 1954, and that death occurred at 3:15 P. M. from the causes and on the date stated above.

SIGNATURE R. L. Stauffer M. D. ADDRESS Hagerstown, Md DATE SIGNED Dec 30 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/31/54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Wash. Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1954 | REGISTRAR'S SIGNATURE Ethyl H. Bowers | 24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown Maryland

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JAN 3 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11936

11935

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R3
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural give location) 221 Conococheague St. Ext.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Zeno (Last) Bowers

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 8 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Bowers

14. MOTHER'S MAIDEN NAME: Ann Mary Poffenbarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 213-18-8431

17. INFORMANT & ADDRESS. Mrs. Nina May Bowers 221 Conococheague St Williamsport Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident DUE TO — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S) (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Dec, 1954, to 5 Dec, 1954, that I last saw the deceased alive on 5 Dec, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS Williamsport, Md. DATE SIGNED 6 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec. 8-54 — NAME OF CEMETERY OR CREMATORY Mt. View Cemetery — LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Dec 6 1954 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS Edith V. Leaf Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Ditto **11936** **CERTIFICATE OF DEATH** Reg. Dist. No. 302 **11937**

1. PLACE OF DEATH: [illegible] 9, Fl[illegible] G175, 12/27/54
   COUNTY Washington MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
   LENGTH OF STAY (in this place) 8 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
   STREET ADDRESS (If rural give location) 305 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) CHESTER (Last) BREWER

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: May 14, 1896 | 9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Water Dept.
10B. KIND OF BUSINESS OR INDUSTRY: Wtr. Dept.
11. BIRTHPLACE (State or foreign country): Funkstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank R. Brewer
14. MOTHER'S MAIDEN NAME: Minnie O. Stouffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW #1
16. SOCIAL SECURITY NO. 217-10-0050
17. INFORMANT & ADDRESS: Mrs. Ruth Emmert Brewer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronary Occlusion	6 min
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Acute Exhaustive Heart Disease	4 yrs
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-54 to 12-12-1954, that I last saw the deceased alive on 12-6-54, and that death occurred at 9 A M, from the causes and on the date stated above.
SIGNATURE H. W. Ditto M. D. ADDRESS Hagerstown DATE SIGNED 12/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12-14-54
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 14 1954
REGISTRAR'S SIGNATURE: Chas. H. Boevers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1193[illegible]

11937 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 34 South Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Virginia (Last) Clevidence

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept. 25, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 2 Days 12 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Altoona, Penna.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Daniel A. Pike

14. MOTHER'S MAIDEN NAME: Catherine Shatzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): (/)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Susie Mc Kinsey Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronary Thrombosis	1 wk.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic Heart Disease	2 yrs.
	DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1954, to Dec. 7, 1954, that I last saw the deceased alive on Dec. 7, 1954, and that death occurred at 10 A.M. from the causes and on the date stated above.

SIGNATURE Lloyd A. Hoffman M.D. ADDRESS 214 N. Potomac St. DATE SIGNED Dec. 9, 54 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/9/54

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Washington, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 9, 1954

REGISTRAR'S SIGNATURE Edward H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons

ADDRESS Hagerstown, Maryland

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11965 CERTIFICATE OF DEATH

Reg. Dist. No. 11939

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO - RURAL
LENGTH OF STAY (in this place) 13 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO - RURAL
STREET ADDRESS (If rural give location) BOONSBORO MD. R.2.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) SAMUEL - COLUMBUS - CLINE

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER - 9 - 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JULY - 26 - 1901

9. AGE last birthday 53-4-13 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER - CENTRAL CHEMICAL Co.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): EDENVILLA PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY CLINE

14. MOTHER'S MAIDEN NAME: LARUE POE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES - If Yes, give war or dates of service) AIR FORCE

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. MARY CLINE BOONSBORO MD. R.2.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 4 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. . , 1954 to Dec 9 , 1954, that I last saw the deceased alive on Dec 9 , 1954, and that death occurred at 10.45 P.M., from the causes and on the date stated above.

SIGNATURE Louis S Smith M.D. ADDRESS M.D. 119 E. Antietam DATE SIGNED 12-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: DEC. 12. 1954

NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEMETERY

LOCATION (City, town, or county) (State): GREENCASTLE PENNA.

DATE REC'D BY LOCAL REGISTRAR: Dec. 11. 1954

REGISTRAR'S SIGNATURE: John H. Bard

24. FUNERAL DIRECTOR ADDRESS: MINNICH FUNERAL HOME GREENCASTLE PENNA.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. GRAFF

VS. A15—10-53

RECEIVED
DEC 15
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11966

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11940

Reg. Dist. No. 301

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport md
LENGTH OF STAY (In this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 Conococheague st.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport md
STREET ADDRESS (If rural, give location) 122 Conococheague st.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Clarence	Jacob	Cottrill		Dec	6	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	White	Widowed	Oct. 31 1879	75 yrs.	1	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Silk Mill	Williamsport Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Cottrill	Malinda Charton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	220-05-6187	Mrs. Elmer Knode Willi[illegible]sport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Acute coronary thrombosis	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		

(Found dead in bathroom)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells M.D.	D.M.E. Wash. Co.	Hagerstown, Md,	Dec. 7. 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 10-54	Greenlawn Cemetery	Williamsport md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 9-1954	E Lee McElroy	Edith V. Leaf	Williamsport md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

DEC 13 1[illegible]

[illegible]PEAU V. S[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11941

11967 CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. LE VAN

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MAPLEVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MAPLEVILLE
STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) WILLIAM A. E. CUNNINGHAM

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 14 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 20 1869

9. AGE last birthday: 85-8-24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BENEVOLA WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM CUNNINGHAM

14. MOTHER'S MAIDEN NAME. LOUISA BOWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO.

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. ELMER GROSS MAPLEVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) "Generalized arteriosclerosis" — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1954, to Dec 14, 1954, that I last saw the deceased alive on Dec 12, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE M. D. W. LeVan M.D. ADDRESS Boonsboro DATE SIGNED 12/14/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF Dec. 16. 1954

NAME OF CEMETERY OR CREMATORY FAHRNEYS CEMETERY

LOCATION (City, town, or county) (State) NEAR MAPLEVILLE MD.

DATE REC'D BY LOCAL REGISTRAR Dec. 15. 1954

REGISTRAR'S SIGNATURE John W. Bast.

24. FUNERAL DIRECTOR ADDRESS Wm. F. BAST AND SONS BOONSBORO MD.

11938

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Motor Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1026 The Terrace

3. NAME OF DECEASED: (First) CROWN (Middle) OSCAR (Last) DIEHL
4. DATE OF DEATH (Month) Dec. (Day) 30 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Oct. 26, 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Hancock, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. John S. Diehl
14. MOTHER'S MAIDEN NAME: Ella Crown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW # I
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Margaret Diehl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	coronary Thrombosis	9yrs
	(c)	acute ventricular fibrillation	3min

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) None (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
M. D.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-1-55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Dec 31, 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11943

11939 CERTIFICATE OF DEATH

Reg. Dist. No. 3021

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dargan (Rural)
STREET ADDRESS (If rural, give location) R.F.D. #1, Harpers Ferry, W.Va.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
GEORGE	LEE	EICHELBERGER	Dec. 18, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Jan. 8, 1872	82 yrs.	11	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Limestone Plant	Dargan, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Eli Hamilton Eichelberger	Annie Virginia Roulette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No None	232-03-1509	Mr. Donald Eichelberger R.F.D. # 1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis	10 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cerebral Haemorrhage	1 mon
	(c) DUE TO Lobar Pneumonia	10 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Dec. 18, 1954, that I last saw the deceased alive on Dec. 17, 1954, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
C. W. Dellman	M.D.	Boonsboro	12/18/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/20/54	Samples Manor Cemetery	Samples Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 18, 1954	Chas. H. Bowers	Donald Eichelberger	Bolivar, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11944

CERTIFICATE OF DEATH

11968

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Williamsport Rural
LENGTH OF STAY (in this place) 69-9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reformed Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) N. Main St

3. NAME OF DECEASED: (Type or Print) (First) May (Middle) V (Last) Eisenberg

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 13-1870	78-6-25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	in Home	Boonsboro Wash Co Md	USA

13. FATHER'S NAME: Robert V Nyman

14. MOTHER'S MAIDEN NAME: Vienna Weckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	none	Records of Reformed Church Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemiplegia Cerebral Hemorrhage DUE TO	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease DUE TO	6 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1954, to 12-6, 1954, that I last saw the deceased alive on 12-6, 1954, and that death occurred at 7:05 a.m., from the causes and on the date stated above.

SIGNATURE Dr. E W Fitz Jr (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 12/14/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	Dec 11-54	Boonsboro Mausoleum	Boonsboro Wash Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 10-54	E Lee McElroy	Wm F Baer & Sons

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 13 1954
BUREAU V. S.

MARYLAND 11969

11945

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown, Rt. 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown, Rt. 3

3. NAME OF DECEASED (Type or Print) (First) Maud (Middle) Miller (Last) Emmert

4. DATE OF DEATH (Month) Dec. (Day) 21, (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 13, 1872

9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Clearspring, Maryland.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles D. Knepper

14. MOTHER'S MAIDEN NAME Ann E. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ---------

17. INFORMANT AND ADDRESS Mrs. Clarence V. Leo. Hag. Rt. 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Dec 20-'54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1954, to Dec. 21, 1954, that I last saw the deceased alive on Dec. 21, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Sidney Novenstein (Degree or title) M.D. ADDRESS Funkstown Md DATE SIGNED 12-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE dec. 24, 1954

NAME OF CEMETERY OR CREMATORY Fahreny Cemetery

LOCATION (City, town, or county) (State) San Mar, Maryland.

DATE REC'D BY LOCAL REG. Dec. 23, 1954

REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11946

11970

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING. MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Russell (Last) Faith

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7.3.29

9. AGE last birthday: 25 yrs. If under 1 year: Months 9 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Hancock Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry E Faith

14. MOTHER'S MAIDEN NAME: Bertha Barnhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) 11

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Andy Faith Hancock Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun Shot thru eye (lt.) and skull (12 gauge shotgun) — Interval between onset and death: 2min.

Antecedent cause s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

PLACE WHERE ACCIDENT WAS [illegible] OR CONTRIBUTED TO DEATH (Home, farm, factory, street, office bldg., etc.): Home of friend

(CITY OR TOWN): Hancock (COUNTY): Washington (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 19 '54 3:15PM

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Shot while lying on couch in living room

22 I certify that I took charge of the [illegible] Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained at the Autopsy, Inquest or Inquiry [illegible] deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.

SIGNATURE: J Robert Wells M D — ADDRESS: 115 N. Potomac St., Hagerstown, Md. — DATE SIGNED: 12-20-54

METHOD: Burial — DATE OF BURIAL, CREMATION OR REMOVAL: 12.22.54 — CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Hancock Washington Md

DATE RECEIVED BY LOCAL REGISTRAR: 12-22-54 — REGISTRAR'S SIGNATURE: A A Miller

24. FUNERAL DIRECTOR: Howard P Gross — ADDRESS: Hancock Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11971

CERTIFICATE OF DEATH

120821

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Doctors office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural, give location) W. Main.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Ira (Last) Feltner
4. DATE OF DEATH (Month) Dec. (Day) 22 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 1, 1880
9. AGE last birthday: 74 yrs. If under 1 year: Months 0 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: retired farmer.
11. BIRTHPLACE (State or foreign country): Clark County, Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Feltner
14. MOTHER'S MAIDEN NAME: Elizabeth Deck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. J. I. Feltner, Sharpsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Coronary occlusion	24 Hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease.	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22/54 19..... to only 19....., that I last saw the deceased alive on 12/22/54, 19....., and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE: Walter H. Fridy Jr D (Degree or title) ADDRESS: Sharpsburg, Md. DATE SIGNED: 12/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 12/24/54
NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery
LOCATION (City, town, or county) (State): Martinsburg, W.Va.

DATE REC'D BY LOCAL REG.: 12-22-54
REGISTRAR'S SIGNATURE: E. P. Boyer
24. FUNERAL DIRECTOR: Howard K. Brown Martinsburg W.Va. ADDRESS

7 1955

MARYLAND

11940

11947

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown, Route 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Conrad	Lawrence	Filsinger	Dec.	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 25, 1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres. & Gen. Mgr. — 10b. KIND OF BUSINESS OR INDUSTRY: Mill Work
11. BIRTHPLACE (State or foreign country): Eckhart Mines Md. — 12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Herman Filsinger
14. MOTHER'S MAIDEN NAME: Louise Hausrath
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 211-09-0104
17. INFORMANT, AND ADDRESS: Mrs. Julia Filsinger Hag. Rt.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 451 X Ruptured aneurysm of abdominal aorta. — 24 hours.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & arteriosclerosis. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954 to Dec. 2, 1954, that I last saw the deceased alive on Dec. 2, 1954 and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE K. A. Bell (Degree or title) M. D. ADDRESS Hagerstown, Md. DATE SIGNED Dec. 5, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 6, 54	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 6, 1954	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1194

11941 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural give location) 18 West Poplar St.

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) Benner (Last) Fisher

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug. 8, 1884

9. AGE last birthda) 70 yrs. IF UNDER 1 YEAR Months 3 Days 25 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Funkstown, Maryland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: William Fisher

14. MOTHER'S MAIDEN NAME: Charlotte Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-30-9585

17. INFORMANT & ADDRESS: 18 W. Poplar St. Mrs. Nellie M. Fisher Funkstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension and arteriosclerosis. DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19A. DATE OF OPERATION None.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28-, 1954, to 12-3-, 1954 that I last saw the deceased alive on Dec. 2, , 1954, and that death occurred at 12:40 M, from the causes and on the date stated above.

SIGNATURE Ka Bell M. D. ADDRESS Hagerstown, Md. DATE SIGNED Dec. 3, 1954.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/5/54

NAME OF CEMETERY OR CREMATORY Funkstown Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Washington, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 4, 1954

REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter and Sons Hagerstown, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Bell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1194

11942 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pa COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GREENCASTLE PA
STREET ADDRESS (If rural give location) E. BALTIMORE ST

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) B. (Last) Fisher

4. DATE OF DEATH: (Month) DEC. (Day) 11 (Year) 1954

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Nov. 7, 1874 | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): GREENCASTLE PA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN FISHER

14. MOTHER'S MAIDEN NAME: MARY C. APPENZELLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 162-10-4148

17. INFORMANT & ADDRESS: John A. Walker Greencastle Pa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio-sclerotic Heart Disease (Severe) — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +

ANTECEDENT CAUSE (S) DUE TO with myocardial failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun, 1948, to 11 Dec, 1954, that I last saw the deceased alive on 11 Dec, 1954, and that death occurred at 2 00 P M. from the causes and on the date stated above.

SIGNATURE F F Lusby M.D. ADDRESS 230 N Potomac DATE SIGNED 11 D 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec 14/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Greencastle Pa

DATE REC'D BY LOCAL REGISTRAR Dec. 14, 1954 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR C. E. Minnich | ADDRESS Greencastle Penna.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

11943

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1195

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle, Pa.
STREET ADDRESS (If rural, give location) 638 S. Wash. St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ALBERT (Last) FORSYTHE
4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1/6/1905
9. AGE: Last birthday 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Dairyman
10b. KIND OF BUSINESS OR INDUSTRY: Corp.
11. BIRTHPLACE (State or foreign country): Wash. Co., Md.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Forsythe
14. MOTHER'S MAIDEN NAME: Mary E. West.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-18-0129
17. INFORMANT AND ADDRESS: Mrs. Alma Forsythe Greencastle Rt 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma	24 years
	(c) Chronic cor pulmonale Pulmonary Emphysema	Uncertain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1954, to 12-3, 1954, that I last saw the deceased alive on 12-3, 1954, and that death occurred at 5 A. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) John H Thombaker Jr. M.D.
ADDRESS 154 W. Washington St- Hagerstown, Md
DATE SIGNED 12-3-54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 12/6/54
NAME OF CEMETERY OR CREMATORY Brown's Mill
LOCATION (City, town, or county) (State) Kauffman Station, Pa.

DATE REC'D BY LOCAL REG. Dec 4 1954
REGISTRAR'S SIGNATURE Paul H Bowers
24. FUNERAL DIRECTOR M. E. Minnich
ADDRESS Greencastle Pa.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11951

11972

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown rural
LENGTH OF STAY (in this place): 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cavetown Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown rural
STREET ADDRESS (If rural give location): Cavetown Pike

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Agnes (Last) Grove

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: June 18, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Wilbur, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isah Weekley

14. MOTHER'S MAIDEN NAME: Lea Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Clydus Grove Cavetown Pike, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Arteriosclerotic Heart disease (severe degree) — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +

ANTECEDENT CAUSE (S) DUE TO: with myocardial failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1954, to Dec. 9, 1954, that I last saw the deceased alive on Dec 9, 1954, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M. D.: F. F. Lusby, 230 W. Potomac

DATE SIGNED: 10 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: Dec. 12, 1954
NAME OF CEMETERY OR CREMATORY: Greenwood
LOCATION (City, town, or county) (State): Sisterville W. Va.

DATE REC'D BY LOCAL REGISTRAR: DEC 10, 1954
REGISTRAR'S SIGNATURE: C. Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

RECEIVED
DEC 13 19[illegible]
BUREAU V. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11952

Dr. Wells 11973

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown; LENGTH OF STAY (in this place) 9 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Nalley Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 43 E. Howard St.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) CHARLES (Last) HANNON

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: August 5, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country). Carlisle, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hannon

14. MOTHER'S MAIDEN NAME: Elizabeth Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Span-Amer.

16. SOCIAL SECURITY NO. No Record

17. INFORMANT & ADDRESS: Mr. Robert M. Hannon

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 447.X	(A) Vascular hypertension	1937
ANTECEDENT CAUSE (B)	DUE TO (B) Hemiplegia	1949
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Pulmonary artery thrombosis	10min

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: asthma

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1951, to Dec. 15 '54, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE J. Robert Wells M.D. ADDRESS M.D. 115 N. Potomac St.-Hagerstown, Md DATE SIGNED 12-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 12-17-54; NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery; LOCATION (City, town, or county) (State) Nr. Carlisle, Pa.

DATE REC'D BY LOCAL REGISTRAR Dec. 16, 1954; REGISTRAR'S SIGNATURE Edna H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

11953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11944

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 02
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital 09

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
STREET ADDRESS (If rural give location) 528 W. Howard St. Hagerstown Md

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Delbiret (Last) Himes

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan. 30 1890

9. AGE last birthday: 64 yrs

IF UNDER 1 YEAR: Months 10 Days 1
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen Chrman

10B. KIND OF BUSINESS OR INDUSTRY: Brotherhood RAILROAD

11. BIRTHPLACE (State or foreign country): Junior W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Himes

14. MOTHER'S MAIDEN NAME: Mary Kittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World #1

16. SOCIAL SECURITY NO. 705-10-4847

17. INFORMANT & ADDRESS: Mrs. Buelah Himes 528 Howard Street Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Adeno Carcinoma Rectum

ANTECEDENT CAUSE (S) DUE TO with extensive metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign Prostatic Hypertrophy

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION: Adeno carcinoma rectum

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Nov 1954, to 2 Dec, 1954, that I last saw the deceased alive on 2 Dec, 1954, and that death occurred at 4 3/4 P M, from the causes and on the date stated above.

SIGNATURE Frank E Brumbach M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Dec. 5-54

NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery

LOCATION (City, town, or county) (State): Elkins W. Va.

DATE REC'D BY LOCAL REGISTRAR: Dec 4 1954

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Albert L. Leaf ADDRESS Williamsport Md.

DR. LE VAN

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11954

11945

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN R2
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural give location) PARK AVENUE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BELLE (Last) HOUSER

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 26 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: JANUARY 22 1884

9. AGE last birthday 70 yrs 11 mos 4 ds
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): CHESTNUT GROVE WASH. CO. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ENOCH DAUGHERTY

14. MOTHER'S MAIDEN NAME: CHRISTINA HOLMES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) NONE

17. INFORMANT & ADDRESS: MRS. ISAAC SNOOK BOONSBORO MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Arteriosclerosis	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) with cerebral Haemorrhage	10 days
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1954, to Dec. 26, 1954, that I last saw the deceased alive on Dec. 25, 1954, and that death occurred at 10 A M, from the causes and on the date stated above.

SIGNATURE Wm. F. Bast M.D. ADDRESS Boonsboro DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: DEC. 29. 1954

NAME OF CEMETERY OR CREMATORY: SAMPLES MANOR CEMETERY

LOCATION (City, town, or county) (State): SAMPLES MANOR WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: DEC. 28, 1954

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS

ADDRESS: BOONSBORO MD.

11946

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Ref. DGC 1955

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 21 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 E. Cleveland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 10 E. Cleveland Ave.

3. NAME OF DECEASED: (First) Edward (Middle) Henry (Last) Itnyer

4. DATE OF DEATH (Month) Dec. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 8, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House Builder

11. BIRTHPLACE (State or foreign country): Old Forge Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jonas Itnyer

14. MOTHER'S MAIDEN NAME: Sarah A Wallick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-6280

17. INFORMANT & ADDRESS: Mrs. Ioda Itnyer Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Malignancy(carcinoma) prostate — Interval Between Onset and Death: 2yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: July 8 & 10 '54

19b. MAJOR FINDING OF OPERATION: Carcinoma of bladder

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-17-54

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Dec. 17, 1954

REGISTRAR'S SIGNATURE Chas. H. Beavers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hag. Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11956

11974 CERTIFICATE OF DEATH

Reg. Dist. No. 30/....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Williamsport
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS #15 W. Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural give location) #15 W. Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Wesley (Last) Lizer

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 5 1899

9. AGE last birthday 55 yrs.
IF UNDER 1 YEAR Months 1 Days 13
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Manager

10B. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Wesley Lizer

14. MOTHER'S MAIDEN NAME: Blanche Haugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 215-09-7370

17. INFORMANT & ADDRESS: #15 W. Potomac St. Mrs. Dorothy Lizer Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO with Ventricular Fibrillation — 7 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, Generalized, Marked — 4yrs +

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1954, to 12-19, 1954, that I last saw the deceased alive on 12-19-, 1954, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

SIGNATURE Dalton M. Welty M.D. ADDRESS Hagerstown DATE SIGNED 12-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 21 54

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Dec 20 - 54

REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR Albert L. Lee ADDRESS Williamsport Md.

11957

MARYLAND 11947

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Dounty Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Gaines (Last) Longanecker

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 3, 1873

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Boonesboro, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Daniel Longanecker

14. MOTHER'S MAIDEN NAME: Martha Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --
(If year, give war or dates of service): --

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: C. D. Longanecker- Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	53 Days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25..., 1954., to 12/18....., 1954, that I last saw the deceased alive on 12/17....., 1954, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hagerstown Md. 12/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec. 20-54
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Dec. 20, 1954
REGISTRAR'S SIGNATURE: Chas. H. Dowell

24. FUNERAL DIRECTOR: Scott F. Minnich & Son. Hag. Md.
ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND

11948

STATE DEPARTMETT OF HEALTH

11958

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 41 East A ve.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Clayton (Last) Lowman

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1883

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wood Worker

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Lowman

14. MOTHER'S MAIDEN NAME: Anna Pickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-6719

17. INFORMANT AND ADDRESS: Mrs. Pearl V. Lowman Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Cerebral Hemorrhage — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Insufficiency — 8 yrs.

(c) Hypertension — 14 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1946, to Dec. 21, 1954, that I last saw the deceased alive on Dec. 21, 1954, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

SIGNATURE Phillip M. Heiser (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED 12/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 12-23-54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Dec. 23, 1954 — REGISTRAR'S SIGNATURE Chas. H. Boerner

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS Hag. Md.

Hirshman 11950

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11949 Dr. Hirshman **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 33 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1801 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 1801 Virginia Ave.

3. NAME OF DECEASED. (Type or Print) (First) FREDERICK (Middle) - - - (Last) LUDWIG

4. DATE OF DEATH. (Month) Dec. (Day) 20, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 17, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer Self-employed-Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scherzheim, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Friedrich Ludwig

14. MOTHER'S MAIDEN NAME: Elizabeth Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mr. Robert Ludwig

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Cerebral Hemorrhage & Paralysis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 54, to Dec 20, 19 54, that I last saw the deceased alive on Dec 20, 19 54, and that death occurred at 1030 P M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Hagerstown Md DATE SIGNED 12/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 12-22-54; NAME OF CEMETERY OR CREMATORY Harper Cemetery; LOCATION (City, town, or county) (State) Harpers Ferry, W. Va.

DATE REC'D BY LOCAL REGISTRAR DEC 22 1954; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11975

CERTIFICATE OF DEATH

11960

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maugansville
LENGTH OF STAY (in this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS North 5th

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural give location) North 5th

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) L (Last) Martin

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 20, 1865

9. AGE last birthday 89 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph E Horst

14. MOTHER'S MAIDEN NAME: Fannie Uesher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Joseph P. Martin Maugansville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.

IMMEDIATE CAUSE (A) Arterio Sclerotic Heart Disease (ven. dem.) — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +

ANTECEDENT CAUSE (S) DUE TO with myocardial failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1946, to 8 Dec., 1954, that I last saw the deceased alive on 7 Dec, 1954, and that death occurred at 10 30 AM, from the causes and on the date stated above.

SIGNATURE F F Lusby M D. ADDRESS 230 N Potomac Hagerstown Md DATE SIGNED 9 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/11/54

NAME OF CEMETERY OR CREMATORY Millers Mennonite Church

LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR Dec 10, 1954

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc. ADDRESS

RECEIVED
DEC 1? 19?4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11961

11950 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; LENGTH OF STAY (In this place) MINUTES; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural give location) 554 FREDERICK STREET

3. NAME OF DECEASED: (First) ALTA (Middle) BROWN (Last) McCLEARY (Type or Print)

4. DATE OF DEATH: (Month) I2 (Day) 26 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: FEB. 6, I896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CALVIN BROWN

14. MOTHER'S MAIDEN NAME: LINNIE WOLF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: 554 FREDERICK ST CARLEEN McCLEARY HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1/2 HOUR.

ANTECEDENT CAUSE (B) DUE TO ARTERIO SCLEROTIC HEART DISEASE — INTERVAL: SEVERAL WEEKS.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 26, 1954 to DEC 26, 1954, that I last saw the deceased alive on DEC 26, 1954, and that death occurred at 7⁰⁰ P.M., from the causes and on the date stated above.

SIGNATURE W. D. Layman, M.D. ADDRESS M. D. 5 PUBLIC SQUARE HAGERSTOWN DATE SIGNED DEC 27/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL; DATE THEREOF 12/29/54; NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY; LOCATION (City, town, or county) (State) HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR DEC 28, 1954; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS HAGERSTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11962 –

CERTIFICATE OF DEATH

11976

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nally Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 302 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) McKee

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 5, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 2 Days 17 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. McKee

14. MOTHER'S MAIDEN NAME: Emma K. Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Alice O. McKee, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiovas. Collapse — INTERVAL BETWEEN ONSET AND DEATH: hr.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Carcinoma Cervix — 2 yr.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — yrs.

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954 to 12/22, 1954, that I last saw the deceased alive on 12/22, 1954, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE Louis Smith M.D. ADDRESS M D 119 E Antietam DATE SIGNED 12/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-24-1954 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 24 1954 | REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11963

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11951

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 6 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 856 ROLLING ROAD

3. NAME OF DECEASED (Type or Print): (First) LOIS (Middle) MARTHA (Last) MILLER

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1954

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE | 8. DATE OF BIRTH: OCT. 31, 1873 | 9. AGE last birthday: 81 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDMUND G. MILLER
14. MOTHER'S MAIDEN NAME: ELIZA SPICKLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS. JOHN W. HOFFMAN 856 ROLLING ROAD HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO Arteriosclerotic Heart Disease — 4 yrs.
(B) DUE TO Diabetes Mellitus — 8 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gangreene Rt. leg — 1 wk.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1954 to Dec. 28, 1954 that I last saw the deceased alive on Dec. 28, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Chas. A. Hoffman
ADDRESS M D 214 N. Potomac St.
DATE SIGNED 12/29/54 MJ

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 12/31/1954
NAME OF CEMETERY OR CREMATORY: ST. PAULS CEMETERY
LOCATION (City, town, or county) (State): CLEAR SPRING, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Dec 31 1954
REGISTRAR'S SIGNATURE: Grant H. Bowers

24. FUNERAL DIRECTOR: ADRIAN H. ROWLAND
ADDRESS: CLEAR SPRING, MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11964

11952

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 750 Preston Road

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Dubbs (Last) Mish

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 5, 1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months 10 Days 13 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Judge of Court

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank W. Mish

14. MOTHER'S MAIDEN NAME: Eleanor Dubbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Jos. D. Mish, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Myocardial Infarction

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Coronary Thrombosis

(C)

INTERVAL BETWEEN ONSET AND DEATH: 16 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1954, to 12-8-, 1954, that I last saw the deceased alive on 12-5-, 1954, and that death occurred at 5:40 P.M. from the causes and on the date stated above.

SIGNATURE H. W. Mish ADDRESS M.D. Hagerstown DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-11-1954

NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery

LOCATION (City, town, or county) (State): St. Pauls Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 10, 1954

REGISTRAR'S SIGNATURE: Edward H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 13 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11965

11977

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown R3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #1; STREET ADDRESS (If rural give location) Hagerstown R3

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) E (Last) Monts

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 26 1915

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hymand E Sharon

14. MOTHER'S MAIDEN NAME: Etta Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Leon R. Monts Hagerstown Md R#3

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSE (S) DUE TO None

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH None

19A. DATE OF OPERATION: None; 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30 1954, to Dec 30 1954, that I last saw the deceased alive on Dec 30 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Beachley M. D. ADDRESS Hagerstown, Md DATE SIGNED Dec 31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 1/3/55; NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery; LOCATION (City, town, or county) Hagerstown (State)

DATE REC'D BY LOCAL REGISTRAR Jan 3, 1955; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS

RECEIVED
JAN 5 19[illegible]
BUREAU V. S.

11978 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11966

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct data especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock
STREET ADDRESS (If rural, give location): R#

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ronald	William	Munson	Dec.	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Dec. 4,1899	55 yrs.		12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Orchard Work	Washington County	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James William Munson	Plesant Ella Norris

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	198-14-5255	Columbia Munson R.F.D.1 Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cerebral hemorrhage	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No

21. FATAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
None			m.			

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Keller + Wells MD 115 N. Potomac Street- Hagerstown, Md, 12-16-54

INFORMATION (Burial, Cremation, Removal, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12.20.54	Mt Olivec Cemetery	Hancock Washington Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-54	J. A. Keller	Howard F. Gene	Hancock Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11967

11953 **CERTIFICATE OF DEATH** Dr Ditto 111 Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstowm
LENGTH OF STAY (in this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 East Irvin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 54 East Irvin Ave

3. NAME OF DECEASED: (First) EUGENE (Middle) -- -- (Last) MYERS

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Jany 14 1891 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never "retired"): Stock Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Foltz Mfg Co.
11. BIRTHPLACE (State or foreign country): near Reisterstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Myers
14. MOTHER'S MAIDEN NAME: Mary Rigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO 214-09-3238
17. INFORMANT & ADDRESS: Donald N. Myers

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: 420.0	(A) Arteriosclerotic heart disease	25 yrs
ANTECEDENT CAUSE (B):	(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1954, to Dec 22, 1954, that I last saw the deceased alive on Dec. 20, 1954, and that death occurred at 7:42 M, from the causes and on the date stated above.
SIGNATURE Edward W. Duffy III M.D. ADDRESS 212 W. Washington St. DATE SIGNED 12/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 12/24/54 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 22, 1954 | REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11968

11979 CERTIFICATE OF DEATH

Reg. Dist. No. 305

DR. WADE

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BENEVOLA - RURAL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BENEVOLA - RURAL
STREET ADDRESS (If rural give location) BOONSBORO MD. R. 1

3. NAME OF DECEASED. (Type or Print) (First) FRED (Middle) (Last) NEWCOMER

4. DATE OF DEATH: (Month) DECEMBER (Day) 22 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 11 1879

9. AGE last birthday: 75 yrs. 4 11

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BENEVOLA WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY NEWCOMER

14. MOTHER'S MAIDEN NAME: LOUISA JANE HARP NEWCOMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: RICHARD NEWCOMER BOONSBORO MD. R1.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 26 days

ANTECEDENT CAUSE (B) DUE TO: Generalized Arterio Sclerosis — 3 Yrs. 2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1954 to Dec. 22, 1954 that I last saw the deceased alive on Dec. 19, 1954, and that death occurred at 10.45 A.M., from the causes and on the date stated above.

SIGNATURE J. Hubert Mades M.D. ADDRESS Boonsboro, Md. DATE SIGNED 12-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF DEC. 26. 1954

NAME OF CEMETERY OR CREMATORY BENEVOLA CEMETERY

LOCATION (City, town, or county) (State) BENEVOLA WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR Dec-26-1954

REGISTRAR'S SIGNATURE John W. Bast

24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

11954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Wells 11969 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 Ross St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 217 Ross St.

3. NAME OF DECEASED: (First) DAVID (Middle) CARROLL (Last) REEDER
4. DATE OF DEATH (Month) Dec (Day) 27 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Sept 21 1954		3			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None Infant	-----	Hagerstown Md.	USA

13. FATHER'S NAME: Elmer C. Reeder Jr
14. MOTHER'S MAIDEN NAME: Irene Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No -----	none	Elmer C. Reeder Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a) 491 X		
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	acute broncho pneumonia	4hrs
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Enteritis (diarrhea) — 7 d

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
None M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/29/54	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29. 1954	Estaff Bowers	Andrew K. Coffman	Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

11954 11969

3 22

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11970

11980 **CERTIFICATE OF DEATH**

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Poole Rural-1
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Poole Rural-1
STREET ADDRESS (If rural give location) Big Poole

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) May (Last) Rosenberry

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH. Aug. 29, 1879
9. AGE last birthday 75 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties
10B. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country): Blairs Valley, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Rosenberry
14. MOTHER'S MAIDEN NAME: White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: John E. Rosenberry, Big Poole, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Myocardial Sclerosis	2 yrs.
ANTECEDENT CAUSE (B) DUE TO	Arterial Sclerosis	10 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954 to Dec 14, 1954 that I last saw the deceased alive on Dec. 13, 1954, and that death occurred at 7 P. M, from the causes and on the date stated above.
SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md DATE SIGNED 12/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 17, 1954
NAME OF CEMETERY OR CREMATORY Park Head Cem.
LOCATION (City, town, or county) Park Head, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 12-16-1954
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR Adrian H. Rowland
ADDRESS Clear Spring, Md.

MARYLAND 11981

11971

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mapelville — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahrney Keedy Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Springfield 7 X-1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Fay (Last) Rowe

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Nov. 17, 1886

9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): near Rogerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John N. Rowe

14. MOTHER'S MAIDEN NAME: Elizabeth Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 219-05-[illegible]

17. INFORMANT AND ADDRESS: Miss Grace Rowe, Richmond, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Generalized arteriosclerosis	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Acute dilatation of the heart	1 day
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 1954, to Dec. 11, 1954, that I last saw the deceased alive on Dec. 10, 1954, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE L. W. Leban (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 12/13/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 12-14-54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Greensburg, Md.

DATE REC'D BY LOCAL REG. Dec. 14, 1954 — REGISTRAR'S SIGNATURE John H. Bard

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Smithsburg

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

11954 5

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11972

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY OR TOWN HAGERSTOWN; LENGTH OF STAY (in this place) LIFE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 S. POTOMAC ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 217 S. POTOMAC ST.

3. NAME OF DECEASED (Type or Print): (First) ALVERTA (Middle) MAY (Last) RUDY
4. DATE OF DEATH: (Month) DEC. (Day) 8 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 5/18/1872
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN YELDAUGH
14. MOTHER'S MAIDEN NAME: MARY C. FOPPIST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MR. JOHN C. RUDY HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arterio-sclerotic myocardial heart failure grade iv — Interval between onset and death: 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (DEPUTY) (Degree or title) WASH. CO., MD. ADDRESS: 115 N. Potomac St., Hagerstown, Md. DATE SIGNED: 12-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/10/54
NAME OF CEMETERY OR CREMATORY: Smithsburg Cem.
LOCATION (City, town, or county) (State): Smithsburg Wash. Md.

DATE REC'D BY LOCAL REG: Dec 10, 1954
REGISTRAR'S SIGNATURE: Chas. H. Powers
24. FUNERAL DIRECTOR: W. T. Norcut
ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11953 CERTIFICATE OF DEATH

Dr weeks 11973

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: Washington COUNTY — MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 12 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 717 West Washington St,

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE — Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 717 West Washington St.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) JOHNSON (Last) SHILLINGBURG

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: W. M. R. R.

11. BIRTHPLACE (State or foreign country): near Woodstock Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Shillingburg

14. MOTHER'S MAIDEN NAME: Sarah Cath Clemm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: 226-09-8916

17. INFORMANT & ADDRESS: Mrs Eliza Shillingburg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSE (B) DUE TO:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4/54, 19 , to 12/13/54, that I last saw the deceased alive on Dec, 1954, and that death occurred at 2A. M, from the causes and on the date stated above.

SIGNATURE: Howard N. Weeks M.D — ADDRESS: Boonsboro, Md — DATE SIGNED: Dec. 14 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 12-15-54 — NAME OF CEMETERY OR CREMATORY: Mt Hebron Cemetery — LOCATION (City, town, or county) (State): Winchester Va.

DATE REC'D BY LOCAL REGISTRAR: Dec 14 1954 — REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11974

11957 CERTIFICATE OF DEATH

Reg. Dist. No. 3025

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING correct ■ge is especially important. Physicians: please write the caus■ of death clearly ■nd legibly.

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
MARYLAND
LENGTH OF STAY (in this place) 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 E. BALTIMORE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 108 E. BALTIMORE ST.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) PHILIP (Last) SMITH

4. DATE OF DEATH: (Month) DEC. (Day) 23 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify)

8. DATE OF BIRTH: 4/12/1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) RETIRED CAR INSPECTOR

10B. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH SMITH

14. MOTHER'S MAIDEN NAME: MARGARET JANE WALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS. MR. GEORGE FEISER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

IMMEDIATE CAUSE (A) Dissecting Aneurysm of Abd Aorta. — INTERVAL BETWEEN ONSET AND DEATH 18 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Generalized Arteriosclerosis — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19 54, to Dec 23 M 19 54, that I last saw the deceased alive on Dec 23rd, 19 54, and that death occurred at 11A M, from the causes and on the date stated above.

SIGNATURE Chas W. Lehman M. D. ADDRESS Hagerstown Md DATE SIGNED 12/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/26/54 — NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery — LOCATION (City, town, or county) Boonsboro, Washington — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 24, 1954 — REGISTRAR'S SIGNATURE Ralph Bowers

24. FUNERAL DIRECTOR C. J. Hormel — ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11975

11982

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade X — LENGTH OF STAY (in this place) 17 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
(Type or Print) Isaiah James Smith	Dec. 2, 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Dec. 29, 1881	72		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Labor	Camp Hitchie	Lantz Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm. D. Smith	Cornelia A. Buhrman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Della Smith, Cascade Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinoma Lung — 6 Months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Malignant Melanoma — 1 Year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 1, 19 54, to Dec 9, 19 54, that I last saw the deceased alive on Dec 9, 19 54, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert L. Thexton M.D.	Blue Ridge Summit Pa	Dec 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/11/54	Foxville Mt. Mariah	Foxville, Frederick Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec 10-54	Geo. W Ferguson	Walter J. Grove, Waynesboro Pa

VS. A11

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11976

11983 CERTIFICATE OF DEATH Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural give location) Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: April 28, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Mahwah, N. J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. Bush

14. MOTHER'S MAIDEN NAME: Sarah A. Conklin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: - -

17. INFORMANT & ADDRESS: Talbot B. Smith, York, Penna.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	10 days
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic Nephritis	20 yrs
	(c) DUE TO Arterio Sclerosis	20 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19 50 to Dec 26 1954 that I last saw the deceased alive on Dec 26, 1954 and that death occurred at 2.30 p. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. G. Kohler M.D. Smithsburg 12/27/54

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial

DATE THEREOF 12-29-54

NAME OF CEMETERY OR CREMATORY Smithsburg Luth. Cem.

LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 28-54

REGISTRAR'S SIGNATURE Geo H Ferguson mar

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Smithsburg

VS. A15

11977

MARYLAND STATE DEPARTMENT OF HEALTH

11958

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 362

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 308 Wakefield Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Page	Elizabeth	Spielman	Dec.	14	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Feb 15, 1906	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lab. Technician	X Ray	Hagerstown Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Grandstaff Singleton D.	Reynolds Bertie (Grandstaff)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Jack A. Spielman Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/5, 1954, to 12/14, 1954, that I last saw the deceased alive on 12/14, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David J. [illegible] M.D. 135 N. Potomac 12/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-16-54	Rose Hill Cemetery	Hagerstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 17, 1954	[illegible]	Scott F. Munnell & Son	Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11978

11959 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md.
STREET ADDRESS (If rural give location) 132 N. Conococheague St.

3. NAME OF DECEASED: (First) JAMES (Middle) EARL (Last) TYLER
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Feb. 7 1898
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months 19 Days 28 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY: Brick yard
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Tyler
14. MOTHER'S MAIDEN NAME: Mary Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-07-1196
17. INFORMANT & ADDRESS: Mrs. Marion Turner Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 1 Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5/1954 to 12/6/1954 that I last saw the deceased alive on 12/6/1954 and that death occurred at 2 P.M. from the causes and on the date stated above.
SIGNATURE C. F. Young ADDRESS M. D. Williamsport Md DATE SIGNED 12/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 9-54
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) Williamsport Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec 6 1954
REGISTRAR'S SIGNATURE Chas. H. Towers
24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11979

CERTIFICATE OF DEATH

11960

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown #2; LENGTH OF STAY (in this place) 3 wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hosp Clearspring Md. R. F. D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring Md. RFD #2; STREET ADDRESS (If rural give location) Clearspring Md. R. F. D. #2

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Rush (Last) Wiley

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: March 1 1892

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months 9 Days 15 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: Timber Business

11. BIRTHPLACE (State or foreign country): Pennslyvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Wiley

14. MOTHER'S MAIDEN NAME: Katherine Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 213-01-4652

17. INFORMANT & ADDRESS: Clearspring Md. Mr. William Rush Wiley R. F. D #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

IMMEDIATE CAUSE (A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Fibrosis of Lung DUE TO — 10 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1946 to Dec. 16, 1954 that I last saw the deceased alive on Dec. 16, 1954, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 12/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec. 19-54 — NAME OF CEMETERY OR CREMATORY Parkhead Cemetery — LOCATION (City, town, or county) (State) Near Hancock Md.

DATE REC'D BY LOCAL REGISTRAR Dec 17 1954 — REGISTRAR'S SIGNATURE Chas A. Bowers

24. FUNERAL DIRECTOR Albert L. Leaf — ADDRESS Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1198()

Dr. Ditto 11961

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 424 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) LUCRETIA (Last) WYAND

4. DATE OF DEATH: (Month) Dec. (Day) 27, (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Jan. 1, 1868 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): near Hagerstown, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James D. Braguiner | 14. MOTHER'S MAIDEN NAME: Elizabeth Hose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — — — — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mrs. Emma J. Schindle

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Senility

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1954, to 12-27, 1954, that I last saw the deceased alive on 12-26, 1954, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

SIGNATURE L. D. Ditto, M.D. ADDRESS Hagerstown, Md. DATE SIGNED 12/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-29-54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 29, 1954 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 3 1955
BUREAU V. S.

11962

11981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gettysburg
STREET ADDRESS (If rural, give location) 111 Chambersburg Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lilly	Elizabeth	Young	Dec	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Widowed	1 Feb 1871	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Gettysburg Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Thorn	Mary Elizabeth Maesser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Mary Elizabeth Bromback 824 Forrest Drive Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio Sclerotic Cardio Vascular Disease with Myocardial Failure	10 yrs +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1954, to 22 Dec, 1954, that I last saw the deceased alive on 20 Dec, 1954, and that death occurred at 328A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
F E Lusby	230 N Potomac St	22 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 24, 1954	Evergreen Cemetery	Gettysburg, Adams Co. Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 22 1954	Chas. H. Bowers	Milton Bender	Gettysburg Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 27 1954
BUREAU V. S.